Los Angeles County Sheriff's Department Officer Involved Shooting

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				and makes a							
Report Date: 7/	24/17		Bureau/Station/Facility: Sant	a Clarita Va	lley Station		Admi	in. Invest.		Hit?	V
				Incident by	and gron		Sec. 15.	1			
URN:	016-00	571-061	2-013	Date:	01/14	/2016	MONEY TO A STATE OF THE BEST OF	Time:		945	(500) 100 C
City or Station:	Santa	Clarita V	alley Station	Nature of Incid			-111	1.211 - 1.1		.t. bl-	
Location: Nathan Hill F Country			a Drive, Canyon	Cilloppio	liguel Hema Juring a traf		snot and	Killed	ру Бер	uty Na	tnan
Location Type {check one or m Backyard Beach Business Freeway Industries Park Parking Lot Rasidence Rural School Street Other:		Darkne Dayligh Other Cheef I Weather (a Cloudy Fog Rain Distance:	t	Accidentar Armed Pe Fleeing St Foot Puris Gun Take Moving Ve Sniper/Ar Startle Struggle II V Traffic Sto Unarmed Unintentio Vehicle Pt Warrant S	reon Japect Jit Away Jalicle Jalic Jalicle Jalic J	nore):	Call Obser One P Other Searcl Two P Prior Activ Detect Inmate	Warrant version Uni h Warrant lerson Uni	only one		d and hidde
total # of Shots Pt	rea by Deputy	lotal# of &	O Suspect	Other:	ihot		Aero U	Init?	Can	ine Unit?	
1				Employee W	litnesses						
Employee #	Last	lame	Fire	Name	M.I.	ShiftTime (ch	eck only one): M Day		s (check o	-	Off Duty
Employee #	Last N	ame	Firs	t Name	M.I.	ShiftTime (ch		ShiftTyp	ar Ove	ily one):	
Employee #	Last N	lame	Firs	t Name	M.I.	ShiftTime (chi	eck only one): M Day	ShiftTyp	check o	nly one):	
			No	n-Employee	Witnesses						
Last Name	The state of the second st			200 10 10 10 10 10 10 10 10 10 10 10 10 1	First	Name	A STATE OF THE STA			M.I.	
Street Address			City		Zip G	V	Jank Ob		Hama	la.	
Last Name					Firal	Name	L. Carl			M.L.	o e
Street Addre	V 48. 44. 47.		City		Zip •	V	Vork Ph				-
Lest Name					First	Name			-	M.I.	
Street Address		- P.	City		Zip C	ode V	York Ph		Home		
	and the contract			Supervi	sors			* cost vice	48.4 (1) (1) (1) (1)		
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Employee#	Last Name		First N	ame	M.i.	Check one		oting [Witnes	s to sho	oting
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Employee #	Last Na	me	Bringas		F	irst Name	Pete	ər		M.I.	E
				Water Con	mandet				Transfer (
Employee#	Last Ne	ime	Duran		F	irst Name	lass			M.I.	
			Duran				Jame	es			R

	PSTD Use Only
SH#	2393517

SUPPLEMENTAL NON-EMPLOYEE WITNESSES Los Angeles County Sheriff's Department

Non-Employee Wilnesecs First Name M.L Street Address Work Ph Home Ph Last Name First Name Street Address Zp Code Work Ph Home Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph MI Last Name First Name Street Address Zip Code Work Ph Home Ph Last Name Firet Name Street Address Zip Code Work Ph Home Ph Lasl Name First Name Street Address Zip Code Work Ph Home Ph Last Name First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph First Name M.I. Last Name Zip Code Street Address Work Ph Home Ph M.J. Last Name First Name Zip Code Home Ph Street Address Work Ph Last Name M.I. First Name Street Address Zip Code Work Ph Home Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph Laşi Name First Name Home Ph Street Address Zip Code Work Ph M.I. Last Name First Name Street Address Zip Code Work Ph Home Ph

Officer Involved Shooting

016-00571-0612-013

.40 caliber

(40)

.223 caliber

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te to series					Rollout Informati	on			100 700	(4) N
Artival	01/14/201	6	rival Time	2315	Date Submitted	7/24/17	Date of Recommendation			
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Emplo	yee # Last h	lame		Dan	a	First Na	me Luan		M.L	V
Emplo	yee # Last N	lame		Smelt	<u>v</u>	First Na			M,I,	E
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Bran (AK) (BN) (BR) (CO) (CO) (CO) (CO) (HA) (HI) (HK) (IT)	AK-47 Benell! Berette Browning Charter Arms Coil Davis Industries Glock Harrington & Richardsoi Hi Standard H & K Ithics	(IV) (JE) (LO) (LU) (MA) (MO) (NC) (NA) (NO) (RA) (RM) (RG) (RI)	Per Johnson Jennings Lorcin Lurger Marilin Mossberg NCI aka SKS North America Norinco Raven Remington RG RG	(RO) (SW) (SR) (SS) (ST) (TA) (WE) (WN) (US) (YY) (XX) (ZZ)	Rosal Smith & Wesson Sturm Ruger Sterling Taurus Weatherby Winchester US Government Handmade (Inmate) Homemade (Non-Inm	(RM) (NN) Call (9) (10) (12) (20) (21) (22)	NONE	(WR)	(4) .44 (5) .45 (0) 50 (L) Slu	0 guage caliber caliber mm g er calibe

FORCE APPLIED (one code per block)

Used By (E# or S#)	Used Against (E# or S#)	Method (Code)	Brand (Code)	Caliber (Code)	Authorized Weapon? (Y/N)	Authorized Ammunition? (Y/N)	Type of Injury (Code)	Body Part (Code)
S#1	E#1	OE	N/A	N/A				
E#1	S#1	FH	BR	9	Υ	Y	DH	СН
						-		

Officer Involved Shooting Involved Employee Information

016-00571-0612-013 URN:

M.I.

M.I.

4 of Page Involved Employee Lest Name Employee # First Name M.I. E 1 Gillespie Nathan C Sex: M Unit Assignment Work Assignment (Unit #, Module, etc.): 63B Rank Deputy Sheriff Santa Clarita Valley ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? ☐ EM ☑ PM ☐ Day Regular Overtime Off Duty Coroner Case # Hospital Name: Hospital Admission? Coroner Case? Interviewed? [Hrs of sleep prior to shooting: Duty Other Factors Clothing (circle only one) Plain Clothes no Vest Raid Jacket w/ Vest Uniform no Vest Plain Clothes w/ Vest 5'11" 210 Raid Jacket no Vest ✓ Uniform w/ Vest Range Qualification Date PPC Qualification Date Laser Training Date: Certified with Weapon Number of Prior Directed Force: Patrol Certification? Certification Unit: Prior Shootings Used? Shootings: Weapons Fired Calibe # Shots Caliber # Shota Weapons Fired M&P 9MM 1 Brand: Field Training Officer Emp # ast Name First Name M.L. Field Training Officer Emp # First Name ast Name M.I. Employee # Last Name **First Name** MI E Sex: Race: Work Assignment (Unit #, Module, etc.): Rank' Unit Assignment: ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? EM PM Day Regular Overtime Off Duty Coroner Case # Hospital Name: Hospital Admission? Coroner Case? [Interviewed? Hrs of sleep prior to shooting: Duty Time (hrs): Other Factors: Clothing (circle only one): Plain Clothes no Vest Raid Jacket w/ Vest Height: Weight: Plein Clothes w/ Vest Uniform no Vest Raid Jacket no Vest Uniform w/ Vest Range Qualification Date: PPC Qualification Date Laser Training Date: Certified with Weapon; Number of Prior Directed Force: Patrol Certification? [Cartification Unit: Prior Shootings? Shootings: Weapons Fired Celiber Calibe # Shots # Shots Weapons Fired Brand: Brand: Field Training Officer Emp # Last Name First Name Field Training Officer Emp # Last Name First Name M.L Last Name M.L Employee # First Name Ė Race: Unit Assignment Work Assignment (Unit #, Module, etc.): ShiftTime (circle only one): ShiftType (circle only one): Substance Used: Intoxication/Drug Usage? EM PM Day Regular Overtime Off Duty Coroner Case Hospital Name: Coroner Case? [Interviewed? Hospital Admission? Hrs of sleep prior to shooting: Duty Time (hrs): Clothing (circle only one) Other Factors: Plain Clothes no Vest Raid Jacket w/ Vest Height: Pfain Clothes w/ Vest Uniform no Vest Age: Weight: Uniform w/ Vest Raid Jacket no Vest Range Qualification Date: **PPC Qualification Date** Leser Treining Date: Certified with Weapon Number of Price Directed Force: Patrol Certification? [Prior Shootings? Certification Unit: Shootings: Used? Weapons Fired Caliber # Shots Weapons Fired Calibe # Shots Brand:

Field Training Officer Emp#

Field Training Officer Emp #

Last Name

Last Name

First Name

First Name

Officer Involved Shooting Suspect Information

URN:

016-00571-0612-013

Page 5 of 5

		S	uspect l	nlormation		
S	Last Name	Hernandez		First Name	Miguel	M.I. A
	AKA Last Name			First Name M.I.		
	Sex: M Race: H	Street Addres		City	No.	io & Zin Code
	Work Phone:	Home Phone:	Social Secu		04-4-11	
			SOCIAL SOCI		Oriver's Licens	
	Age: 39 D.O.B. 10/06/76	Height 508 Weight 230	FBI#		CII#	
	Booking #	Primary Charge: ADW on a PO	- 245(c) P	C Secondary Charge:		
	Coroner Case?	Coroner Case # 2016-00421		Intoxication/Drug Usage?	Substance Used: Wethamphetamin	e, Marijuana
	Armed?	Apprehended?		Mental filness?	Criminal History?	
	Vehicle Make Mode		Parol	e: Probation:	Prior Felony Co	nviction:
	Lexus ES30	00 2000				
s	Last Name			First Name		M.I.
	AKA Last Name			First Name		M.L.
	Sex: Race:	Street Address:		City	Ste	ite & Zip Code:
	Work Phone:	Home Phone:	Social Secr	urity #:	Driver's License #:	
	Age; D.O.B.	Height: Weight;	FBI#		CII #	
	Booking #	Primary Charge:	<u></u>	Secondary Charge:	L	
	Coroner Case?	Coroner Case #		Intoxication/Drug Usage?	Substance Used:	
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